

Frequently Asked Questions

1. Question: What division(s) within DHCS are responsible for reviewing and processing Drug Medi-Cal certifications?

Answer: The Provider Enrollment Division (PED) is responsible for all Drug Medi-Cal (DMC) continued certification applications and all DMC certification applications.

2. Question: What is the role of the Provider Enrollment Division (PED)?

Answer: Historically, PED has been responsible for the enrollment of fee-for-service (FFS) Medi-Cal providers. PED enrolls various types of providers including, but not limited to, individual physicians, physician groups, clinics, hospitals, durable medical equipment providers, and transportation providers.

PED receives over 1,000 applications per month and currently has approximately 140,000 FFS providers enrolled. PED is responsible for ensuring that providers of services or supplies applying to participate in the Medi-Cal program meet and maintain program requirements. This is accomplished through validation of all information submitted and can also include an onsite visit by Audits & Investigations, Medical Review Branch to further validate information and/or review program compliance.

PED serves as a front end measure to combat fraud, waste, or abuse while remaining sensitive to access issues. PED implements provisions of the Affordable Care Act (ACA) related to Medicaid program integrity specific to the enrollment of providers. These provisions also apply to the Drug Medi-Cal program. PED will discuss changes enacted by the ACA with stakeholders sometime in 2014. Information on the ACA program integrity provisions is available on our website.

3. Question: What happens after I submit my continued certification application?

Answer: Providers that submit their continued certification application timely, regardless of completion status, will remain active and eligible for participation pending action by PED. Once PED reviews the application for continued certification, PED will take one of the following actions: send the application back for remediation of deficiencies, refer the application for an onsite review, approve the application for continued certification, or terminate application review.

4. Question: I've been decertified, but want to participate in the program again. What can I do?

Answer: A decertification action based on failure to remediate or a failure to respond to the continued certification request does not preclude the provider from reapplying at a later time. In addition, please review your decertification letter for information regarding appeal rights. Please note that any provider placed on a Temporary Suspension by the Department's Audit & Investigations Division must first resolve the temporary suspension before seeking recertification or certification of a new location.

5. Question: Have any requirements changed?

Answer: There are currently no new requirements. There have been no changes to the application, no changes to the application requirements, and no changes to the Drug Medi-Cal Certification Standards in Participation. The change that has occurred is in the thoroughness of the review at the state level. PED is reviewing applications for completeness and accuracy, validating information provided and using the same review process as FFS providers. PED is currently working on program requirement changes that will better align requirements for the DMC program with FFS providers, which will enhance program integrity. Transparency, education, and outreach are a priority and PED plans two to three stakeholder engagements to gather input on all planned changes.

6. Question: What is the PED process for reviewing DMC applications?

Answer: PED is responsible for ensuring providers applying for Medi-Cal program funds are eligible to participate under state and federal laws. PED reviews applications in order of date received and conducts a thorough review for application completeness, a review of all required verifications, and validates information received. If an application package is determined to be incomplete, PED will return the application package with a letter detailing all deficiencies. The provider will then have 60 days to remediate all deficiencies and return the entire application package to PED. If the application package is not received timely, or if deficiencies remain, this may result in termination of review of the application and/or decertification.

PED cannot make any changes or corrections to an application. The provider must make all necessary corrections. At this time, PED will refer all DMC applicants for an onsite review by DHCS's Medical Review Branch (MRB), Audits and Investigations. MRB assists with PED's validation of information submitted. In some instances, PED may issue a post-onsite deficiency letter.

7. Question: The Drug Medi-Cal Program requirements can be confusing. Who can explain or clarify items in my deficiency letter?

Answer: Deficiency letters are very detailed, please read the letters carefully and in their entirety. You may also refer to the application and/or Medi-Cal Disclosure Statement instructions, PED website, and program Standards for more information.

If you have additional questions or need assistance completing your application package, please review DHCS' webinar designed to provide a basic overview on how to complete the Drug Medi-Cal application package at:

<http://www.dhcs.ca.gov/formsandpubs/Pages/DHCSVideos.aspx>

PED staff cannot advise providers on how to complete an application, but if an applicant needs technical assistance or information on program requirements, they may contact PED staff by voicemail at 916-323-1945 option 4527 or by email at

DHCSDMCRecert@dhcs.ca.gov. The Alcohol and Other Drug Policy Institute (ADPI) is available for technical assistance and can be contacted at

http://www.aodsystems.com/ADPI/TCTA_Application.htm or by calling 916-572-8171.

8. Question: I need to re-submit my continued certification application, but it will take more than 60 days to obtain a fire clearance. What should I do?

Answer: Program standards require that sites obtain and maintain a valid fire clearance at all times. In most cases, fire clearances are valid for 12 months. However, if the local authority issues a fire clearance that is valid for longer than 12 months, this document should be submitted with proof that the local authority issues clearances that are valid for a longer period of time. If a provider is decertified for failing to resubmit their application timely or for failure to remediate all deficiencies, they may reapply as soon as program requirements are met.

9. Question: Where can I find forms and instructions?

Answer: The Drug Medi-Cal Certification, Recertification, and Continued Certification page can be found on the Provider Enrollment Division page at:

<http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-CertificationContinuedCertificationInformation.aspx>. Here you can find links to forms, program standards and sample protocol, as well as a link to the "Drug Medi-Cal Provider Training Presentation February 2014." This presentation contains detailed instructions on completing the required DMC certification application forms.

10. Question: What are the timeframes for the continued certification phases?

Answer: Applicants can find a listing of the continued certification phases by county and a continued certification timeline on the Provider Enrollment Division website at:

<http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-CertificationContinuedCertificationInformation.aspx>. PED will review the continued certification applications in the date order that they were received. Please note that providers who respond timely to the continued certification notice will remain active while their continued certification application is under review.

11. Question: Who can I contact with questions regarding my DMC application?

Answer: Please contact the Provider Enrollment Division by email at:

DHCSDMCRecert@dhcs.ca.gov, or by phone at 916-323-1945, option 4, 5, 2, 7. Emails and phone calls will receive a response within 24 hours during normal business days.

Also, please view our provider training webinar, which includes step-by-step instructions for completing a DMC application package. A link to the webinar can be found at:

<http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-CertificationContinuedCertificationInformation.aspx>. The Alcohol and Other Drug Policy Institute (ADPI) is available for technical assistance and can be contacted at http://www.aodsystems.com/ADPI/TCTA_Application.htm or by calling 916-572-8171.

12. Question: How do I know that my application was received?

Answer: Providers will receive an acknowledgement letter confirming that PED received the application within 30 days of receipt. If you submitted your application more than 30 days ago and have not received an acknowledgement letter, please contact PED at: DHCSDMCRecert@dhcs.ca.gov, or by phone at 916-323-1945, option 4, 5, 2, 7.

13. Question: How can I contact the analyst processing my application?

Answer: For questions regarding DMC certification applications, please contact PED at: DHCSDMCRecert@dhcs.ca.gov or by phone at 916-323-1945, option 4, 5, 2, 7.

14. Question: Am I required to submit a local zoning approval?

Answer: Per the Drug Medi-Cal Certification Standards for Substance Abuse Clinics, Section III, Item B, local zoning approval is required. The zoning approval must be on the letterhead of the local zoning authority or contain the seal of the local zoning

authority. If the local agency authorized to provide a building use permit does not require a use permit, the clinic shall obtain a letter from the local agency attesting to the circumstances. In lieu of a local use permit, a satellite site that operates on a school campus shall obtain a letter authorizing the provision of services at the public school from the school principal. A link to the Standards can be found on the Provider Enrollment page at: <http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-CertificationContinuedCertificationInformation.aspx>.

15. Question: Can a parcel map be submitted in lieu of zoning approval?

Answer: No. Per the Drug Medi-Cal Certification Standards for Substance Abuse Clinics, Section III, Item B, local zoning approval is required. The zoning approval must be on the letterhead of the local zoning authority or contain the seal of the local zoning authority. If the local agency authorized to provide a building use permit does not require a use permit, the clinic shall obtain a letter from the local agency attesting to the circumstances. In lieu of a local use permit, a satellite site that operates on a school campus shall obtain a letter authorizing the provision of services at the public school from the school principal. A link to the Standards can be found on the Provider Enrollment page at: <http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-CertificationContinuedCertificationInformation.aspx>.

16. Question: If DHCS already has program protocols on file, does a protocol still have to be submitted with a DMC continued certification package?

Answer: DMC continued certification packages must contain all required forms and supporting documents, including a copy of the current program protocols. Please be advised that the clinic must submit one protocol for each modality requested in the application package. Please refer to the State of California Standards For Drug Treatment Programs (Rev. 1982) and to the sample protocol available on our website at: <http://www.dhcs.ca.gov/provgovpart/Pages/DrugMedi-CalCertificationRe-CertificationContinuedCertificationInformation.aspx>

17. Question: On the Medi-Cal Disclosure Statement (DHCS 6207), who needs to be listed on page 5 and who needs to be listed on page 7?

Answer: Any provider that is organized as a corporation (including non-profit corporations), partnership, or any entity type other than a sole proprietor must complete Section III and IV of the Medi-Cal Disclosure Statement. On Section III (page 5), list any entities with 5% or more ownership or control interest, or any partnership interest, in the entity that is being certified. Complete all required information on page 6 for each entity listed on page 5. Do not list the entity that is applying for certification on page 5;

instead list any entities that have ownership, control, or partnership interest *in* the applicant. If the applicant is not owned by another entity, please complete this section by checking the “NA” box.

On Section IV (page 7), list all individuals that have 5% or more ownership or control interest, or any partnership interest, in the provider that is being certified. It is also required that all officers, directors, and managing employees be listed here. Each person listed on page 7 must complete pages 8 and 9 in their entirety.

18. Question: Are non-profit corporations and government entities required to complete Section IV (page 7) of the Medi-Cal Disclosure Statement (DHCS 6207)?

Answer: Yes. All entities, including non-profit corporations and government entities are required to complete Section III and Section IV of the Medi-Cal Disclosure Statement. Non-profit corporations must list all persons with 5% or more control interest in the corporation and must list all officers, directors, and managing employees of the corporation. County programs should list the persons with day to day control over the operation of the facility. Each person listed on page 7 must complete pages 8 and 9 in their entirety. In addition, if there is another entity that has control interest in the applicant, this information must be listed on Section III (page 5). Complete page 6 in its entirety for all entities listed on page 5.

19. Question: Who should be listed on the Facility Staffing Data Form?

Answer: In Section XI of the DHCS 6001 DMC Application, identify all staff of the facility. Designate volunteers by placing a “V” after their name. Attach additional sheets if necessary.

20. Question: If I submit an application and it is returned to me as incomplete, should I make changes to the original form or fill out a new application?

Answer: Please make changes on the original form. Please clearly line through and initial incorrect information in blue or black ink. Please do not use correction fluid.